

Account Closure Request

Financial	Institution	Name:
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Finanical Institution Address:

I/we wish to advise that I/we have recently changed banking arrangements and request that the following account be closed.

BSB	Account number
Account name(s)	

Please credit the following Illawarra Credit Union account with the closing balance of the above account:

BSB: 802 249

Account number:

Yours sincerely,

Signature of account holder

Full name

Date

Contact number

Signature of second account holder (if any)

Full name

Date

Contact number

Illawarra Credit Union is a division of Community First Credit Union Limited ABN 80 087 649 938 AFSL and Australian credit licence 231204 T: 1300 132 249